

Executive Appointment Application

APPOINTMENT DESIRED (Board/Commission Name)

NAME OF YOUR STATE SENATOR

Personal Information

NAME (please type or print last name, first name, and middle initial)

☐ Mr. ☐ Ms. ☐ Miss ☐ Mrs.

Legal Residence	Street	City	State	Zip	County
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Business Address	Street	City	State	Zip	County
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Home Phone: () Cell/Pager () Work Phone: ()

FAX Number: () Email Address:

Date of Birth: Place of Birth: SSN (optional)

Occupation: Name of Spouse:

Are you a United States Citizen: ☐ Yes ☐ No

Congressional District (1, 2, or 3):

Have you ever been arrested or charged with a criminal offense? ☐ Yes ☐ No

Did the arrest or charge result in a criminal conviction? ☐ Yes ☐ No

Please explain:

Some appointments require specified partisan membership; therefore, we ask that you indicate your political affiliation:

☐ Republican ☐ Democrat ☐ Independent ☐ Other (specify):

To assist in the selection, you are asked to voluntarily provide information, which is necessary for statistical reporting purposes. Under State and Federal law, this information may not be used to discriminate against you.

Affirmative Action Information: ☐ Male ☐ Female Racial/Ethnic background:

Education

Schools attended including High School:

School	Location	Dates	Major/Degree
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PLEASE COMPLETE REVERSE SIDE

Employment

Statutes require some board appointees meet specific employment criteria. List employment beginning with the most recent experiences. A resume or additional information is optional.

Employer	Location	Dates

Additional Information

Please list additional supportive information about yourself, your experiences, and background, including any board or commission you have served on in the past, honors or awards you have received, and other volunteer activities.

AREAS OF INTEREST: ☐ Agriculture ☐ Cultural ☐ Economic Development ☐ Education
☐ Environment ☐ Finance ☐ Government ☐ Health ☐ Human Services ☐ Labor
☐ Nominating Commissions ☐ Legal/Law Enforcement ☐ Roads ☐ Transportation
☐ Other, please list _____

References

List names, addresses, and phone numbers of at least three people who may be contacted for references:

1. _____

2. _____

3. _____

If you have recently prepared a biography or resume, PLEASE ATTACH IT TO THIS FORM

Some executive appointments are subject to confirmation by the Nebraska Legislature. One area of inquiry will be whether you or your spouse have a conflict of interest. An investigation into your background may be conducted by the Nebraska State Patrol prior to your appointment.

I hereby grant the Governor's Office and the Nebraska State Patrol permission to obtain, and provide the Governor, any and all records pertaining to me from the Department of Revenue, Department of Motor Vehicles, Law Enforcement Agencies, credit bureaus, past and present employers, employees, business associates, affiliations, and acquaintances.

As a citizen of the United States and a resident of this state, I will accept appointment if selected by the Governor. If appointed, I pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as a gubernatorial appointee.

Name (please print)

Signature

Date

**Return completed form to: Peggy King, Staff Assistant for Boards and Commissions,
Nebraska Governor's Office, State Capitol, Box 94848, Lincoln, NE 68509-4848
402/471-1971; FAX 402/471-6031**